1000005820

(Re	questor's Name)		
(Add	dress)		
(Add	dress)		
(City	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			

Office Use Only

Orlow



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09/15/08--01038--017 **35.00

2008 SEP 15 AM 1: 10
SECRETARY OF STATE
AHASSEE, FLORIDA

on order of the second of the



September 8, 2008

Division of Corporations Florida Department of State Clifton Building P.O. Box 6327 Tallahassee, FL 32314

RE: Estate Trust, Inc.

Dear Filing Officer:

Please file the attached change of agent form for the referenced company. Enclosed please find a check for the requisite fees. Please return evidence of filing to my attention via regular mail.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (800) 862-5438. Thank you very much for your assistance.

Very truly yours,

Denise Bell

Senior Corporate Specialist

Encl.

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

-	• •	17.0502, 607.1508, or 617.1508, Florida S		
-	-	n organized under the laws of the State of $_$ registered agent, or both, in the State of Fl		
1. The name of the corporation:		Estate Trust, Inc.		
	office address: 7400 York Road, S			
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 11/08/2001	Document number: F01000	0005820	
5. The name and		tered agent and registered office on file with		
	CT Corporation System		_	
	1200 South Pine Island F	Road	-	
	Plantation, FL 33324		ZIASE SE	
6. The name and (if changed):	d street address of the new registere	ed agent (if changed) and /or registered office	2008 SEP 15 P	
	NRAI Services, Inc.		SECTION IN	
	2731 Executive Park D		# : "	
,	(P.O. Box NOT ac	cceptable)	\$ 0	
The street address changed will	ess of its registered office and the	street address of the business office of its	s registered agent,	
_		adopted by its board of directors or by an been notified in writing of the change.		
MA	ure oran officer or Arector)	Mary Quinn, President (Printed or typed name and ti		
Lhereby accept	the appointment as registered ag	gent and agree to act in this capacity, all statutes relative to the proper and com the obligation of my position as registered ge in the registered office address, I hereb change.	plete performance I agent. Or, if this by confirm that the	
Doy.	gnature of Registered Agent)	9-8-68 (Date)		
If signing on be	chalf of an entity:			
Denise Bell	, Asst. Secretary			
	Typed or Printed Name)	-	~	

* * * FILING FEE: \$35.00 * * *